

Welcome to Streamlined Sales Tax Registration

Please select any one from the following:

- New Streamlined Sales Tax Registration
- New Traditional Registration
- Change/Update Streamlined Sales Tax Registration
- Change/Update Traditional Registration

Welcome to Traditional Registration Update Identify Business

* Required Information

Please	provide	the	following:
---------------	---------	-----	------------

FEIN OR S	SN *
* Legal Nar	ne

What states do you want to notify of your update?

State	State ID	State	State ID
☐ Alabama		☐ Minnesota	
☐ Arizona		☐ Missouri	
☐ Arkansas		☐ North Carolina	
☐ Florida		☐ South Dakota	
□ Idaho		□ Texas	
□ Illinois		□ Utah	
□ Iowa *		☐ Washington	
□ Kansas		☐ Wisconsin	
□ kentucky		☐ Wyoming	
☐ Michigan			

Main Menu

What would you like to update?

Business address and contact information

Owner/Officer Information

Add/End a location for an existing account

C Out of Business

Back

Business Tax Information

* Required Information

Legal Name	Pau	ıl Repair	E	Business	Name	(if different th	nan legal)	
Primary Addre	ess	☐ Check if fore	eign	address				
Address	s [
Apt or Suite	e [
City	y [
State	е	Select State	T	Zip				
Phone				Fax			Email	
Mailing Addre	ess ((If different from	prin	nary add	ress)	☐ Check if fo	oreign addr	ess
Addre	SS		Ì					
Apt or Suit	te							
Cit	ty							
Stat	te	Select State	T	Zip				

Enter NAICS Code that best describes your primary source of business

NAICS Code 123456 Look up your NAICS code on U.S. Census Bureau's website

Contact Person Information

* Required Information

This is the person we will contact with questions regarding your registration, filings, and payments

Contact Name			Ī	
Contact Address	Information	□с	heck if fo	oreign address
Address				
Apt or Suite				
City				
State	Select State	•	Zip	
Phone				
Fax				
Email				

Sales and Use Tax Information

* Required Information

🔲 No

T Yes

	taxable sales and/or purchases?
Alabama	
Arizona	
Arkansas	
Florida	
IS this business open all ye	ear long?

What is your estimated monthly

If Yes, Select the months you are active for sales and use tax:
🗆 January 🗀 February 🗀 March 🗀 April 🗀 May 🗀 June 🗀 July 🗀 August 🗀 September 🗀 October 🗀 November 🗀 December

Business Tax Information

ALABAMA

* Required Information

Please provide the following information to complete your registration for sales tax for the state listed above:

Web Address

Enter NAICS Code that best describes your primary source of business

NAICS Code

XXXXXX

Look up your NAICS code on U.S. Census Bureau's website

Back

Traditional Registration Update Business Tax Information

FLORIDA

* Required Information

Is your primary business location rented?

Yes No

* If yes, Do you operate from home?

Yes No

Please enter the following information regarding your landlord.

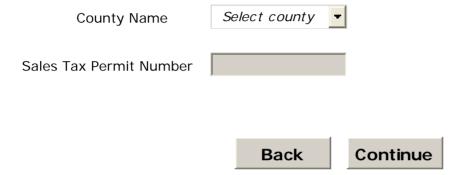
* Name			
Address	neck if foreign address		
Address			
Apt or Suite			
City			
State	Select State ▼	Zip	
Phone			

Business Tax Information

IOWA

* Required Information

Please provide the following information for your business main location:



Business Tax Information

KANSAS

* Required Information

Please provide the following information for your business main location:

County Name Select county

Is your business located inside city limits?

☐ Yes ☐ No

Back

Business Tax Information KENTUCKY

* Required Information

Previous Taxpayer ID:	

Back

Traditional Registration

Business Tax Information

MINNESOTA

* D	اء مسادد،	l me famos s		
·· Keq	juirea	Informa	ition	
* Is y	our bu	ısiness	located on an India	n r
☐ Y∈	es	C No		
If yes	s, name	e of Ind	ian Reservation?	
* India	an Rese	ervation	Select reservation	
Pleas	e indic	ate whi	ch jurisdictions you	ı ne
Coo	k coun	ty sales	and use	
_		n sales		
Mar	nkato	sales	and use	
□ Minr	neapolis	s sales a	nd use	
	□ Dow	ntown li	quor	
	☐ Lodg		•	
	☐ Dow	ntown r	estaurant	
	□ Ente	ertainme	nt	
□New	v Ulm sa	ales and	use	
Prod	ctor sal	es and u	se	
Roc	hester	sales an	d use	
	☐ Ro	chester	lodging	
☐ St.	Cloud f	ood and	liquor	
□ St.	Cloud a	rea tax		
□ St.	Paul sa	les and ı	ıse	
□ St.	Paul loc	dging > 5	50 rooms	
□ St.	Paul loc	dging < 5	50 rooms	
_		rs sales		

Back

Business Tax Information

MISSOURI

* Required	Information				
Are you loo	cated inside city li	mits?			
Do you sel	I the following? Ch	neck all that ap	oply:		
Post-secor Domestic u Aviation je					
Do you sel	I food items that e	exempt from st	tate sales tax?		
Yes	C No				
Do you lea	se motor vehicles	to Missouri cu	stomers that v	were purchased exemp	t?
Are you lia	ble for consumers	s use tax?			
		Back	Continue		

Business Tax Information

NORTH DAKOTA

* Required Information

North Dakota law requires foreign corporations, Limited Liability Companies, Limited Partnerships, and Limited Liability Partnerships to register and obtain a Certificate of Authority from the Secretary of State before our office can issue a sales tax permit.

Provide the ID number issued by the Secretary of State found on the Certificate of Authority.

Back

Business Tax Information

SOUTH CAROLINA

* Required Information

Consolidated return, do you file for multiple entities?

Yes No

Back

Business Tax Information

SOUTH DAKOTA

* Required Information

What county is your business located in? | Select County |

Back

Business Tax Information

* Required Information	
State specific ID	
List any other distribution points, warehouses, of offices in Texas, that were not set up as b	usiness locations.
Free Text	
	1

Will you include installment payments that were received during a reporting period in total sales on your sales tax return for that period (that is, you keep your records on a cash basis of accounting?

☐ Yes ☐ No

Back

Business Tax Information

* Required Information

Do you want to voluntarily file your sales tax on a monthly basis?

Yes No

County Name Select County

Please describe, in detail, the purpose or nature of your business.

Free Text

Local government issuing business license (only applicable id located in the sate).

Back

Business Tax Information

Washington

* Required Information

Please describe, in detail, the purpose or nature of your business.

Free Text			
Taxpayer ID			

Back

Update Owner, Officer, or Personal representative information

Indicate what action you need to take?

Add new officer

Update information on an existing officer

End existing relationship

Back

Add Owner, Officer, or Personal Representative Information

* Required Information

Please enter your owner, officer, or personal representative information

Name					
SSN					
Title	Select Title				
Officer Address	Information		Check if fo	oreign addre	ess
* Address					
Apt or Suite					
* City					
* State	Select State	T	* Zip		
Phone					
Fax					
* Email					
	-				

☐ Additional Officers

Back

Add Owner, Officer, or Personal Representative Information SOUTH CAROLINA

* Required Information

Name John Doe

Please select from the list the owner and provide additional information about the owner as required by the state

SSN XXX-XX-XXXX

Name	SSN	E-mail
John Doe	XXX-XX-XXXX	Add More Information
Jane Doe	XXX-XX-XXXX	Add More Information

55 555	0014	212121 2121 21	343434	
Percent of Ownership %				
Is this officer a South Carolina resident?	s 🖸 No			
* Number of Years, Months Year	rs Mon	ths		
Does your business have owners t	hat are a	nother busin	ess entity?	
* If Yes, Provide Federal Identification	ation Num	nber (FEIN) f	or the busine	ess owner

Back

Traditional Registration

Add Owner, Officer, or Personal Representative Information TEXAS

* Required Information

Please select from the list the owner and provide additional information about the owner as required by the state

Name	SSN	E-mail
John Doe	XXX-XX-XXXX	Add More Information
Jane Doe	XXX-XX-XXXX	Add More Information

Name	John Doe	SSN	XXX-XX-XXXX	
	* Officer	s Driver Lic	ense Number	
Provide	FEIN if this officer is inve	olved in and	other company	

Update Owner, Officer, or Personal Representative Information

* Required Information

Please enter your owner, officer, or personal representative information

* Name				
* SSN				
Title	Select Title	•		
Officer Address	Information		Check if fo	oreign address
Address				S
Apt or Suite				
City				
State	Select State	•	Zip	
Phone				
Fax				
Email				

□ Additional Officers

Back

Update Owner, Officer, or Personal Representative Information

Additional Information for SOUTH CAROLINA

* Required Information

Please select from the list the owner and provide additional information about the owner as required by the state

Name	SSN	E-mail
John Doe	XXX-XX-XXXX	Add More Information
Jane Doe	XXX-XX-XXXX	Add More Information

Name John Doe SSN XXX-XX-XXXX

- * Percent of Ownership %
- * Is this officer a South Carolina resident?

☐ Yes ☐ No

* Number of Years, Months Years

Months

Does your business have owners that are another business entity?

Tyes No

If Yes, Provide Federal Identification Number (FEIN) for the business owner

Back

Update Owner, Officer, or Personal Representative Information

Additional Information for TEXAS

* Required Information

Please select from the list the owner and provide additional information about the owner as required by the state

Name	SSN	E-mail
John Doe	XXX-XX-XXXX	Add More Information
Jane Doe	XXX-XX-XXXX	Add More Information

Name	John Doe	SSN	XXX-XX-XXXX	
	JL			
	Officer	s Driver Lic	ense Number	
rovide	FEIN if this officer is inv	olved in and	other company	

Back

End Existing Relationship

for Owner, Officer, or Personal Representative

* Required Ir	nformation			
* Name				
* SSN				
Effective Date				
	Additional Office	rs to end r	elatio	onship
		Back		Continue

Traditional Registration Update Add/End Locations for an Existing Account

Indicate what action you need to take?

Add Location

End Location

Back

Sales Tax Location Information

* Required Information

Select	States	where	you have	more	than o	ne ph	vsical	location
			,				,	

Alabama	☐ Idaho	☐ kentucky	□ North Dakota	□Utah
Arizona	☐ Illinois	☐ Michigan	South Carolina	☐ Washingtor
Arkansas	☐ Iowa	☐ Minnesota	☐ South Dakota	☐ Wisconsin
☐ Florida	☐ Kansas	☐ Missouri	□ Texas	□ Wyomina

Back

Sales Tax Location Information

ALABAMA

- * Required Information
- * Provide all business locations (required if different from primary address)

Location Name		Location Begin Date
Location Address	;	
Address		
Apt or Suite		
City		
State	Select State ▼	Zip
Phone		

□ Additional Locations to Register

Back

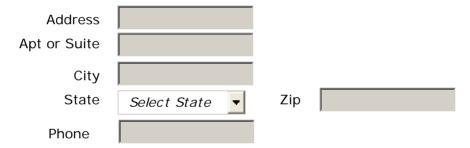
Sales Tax Location Information

ARIZONA

- * Required Information
- * Provide all business locations (required if different from primary address)

Location Name	
Location Name	

* Location Address



□ Additional Locations to Register

Back

Sales Tax Location Information

ARKANSAS

* Required Information							
* Provide all bus	iness locations (re	quired if different	from primary	address)			
Location Name	Lo	cation Begin Date		County Name (Required if	Select county	•	
		Ů,		in Arkansas)			
* Location Addre	ess						
Address							
Apt or Suite							
City							
State	Select State	Zip					
Phone							
* Describe your primary activity of business or product sold at this location:							
Please type text	here						

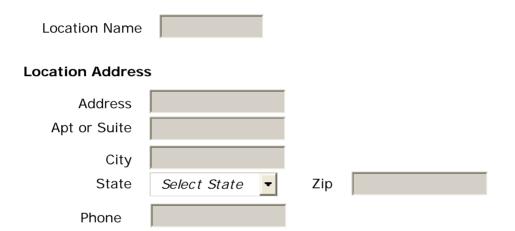
 $\ \square$ Additional Locations to Register

Back

Sales Tax Location Information

FLORIDA

- * Required Information
- * Provide all business locations (required if different from primary address)



□ Additional Locations to Register

Back

Sales Tax Location Information

IDAHO

* Required Information

Provide all business locations (required if different from primary address)

Location Name			
* Location Addre	ess		
Address			
Apt or Suite			
City			
State	Select State	Zip	
Phone			

□ Additional Locations to Register

Back

Sales Tax Location Information ILLINOIS

* Required Information

Provide all business locations (required if different from primary address)

Location Name				
Location Addres	ss			
Address				
Apt or Suite				
City				
State	Select State	-	Zip	
Phone				

□ Additional Locations to Register

Back

Sales Tax Location Information IOWA

* Required Information

Provide all business locations (required if different from primary address)

* Location Name		Сс	ounty Na	ame (Required if in Iowa)	Select county	•
Location Address	6					
Address						
Apt or Suite						
City						
State	Select State	•	Zip			
Phone						

□ Additional Locations to Register

Back

Sales Tax Location Information

KANSAS

* Required Information

Provide all business locations (required il different from primary addre	Provide all business locations	(required if different from primary address
--	--------------------------------	--

		-	•		
Location Name		County N	ame (Required if in Kansas)	Select county	_
Location Address	S				
Address					
Apt or Suite					
City					
State	Select State	Zip			
Phone					
Is your business	located inside cit	y limits?			
CYes CNo	ı				
Describe your primary activity of business or product sold at this location:					
Please type text here					

□ Additional Locations to Register

Back

Sales Tax Location Information

KENTUCKY

* Required Information

Provide all business locations (required if different from primary address)

Location Name			
Location Address	5		
Address			
Apt or Suite			
City			
State	Select State	Zip	
Phone			

□ Additional Locations to Register

Back

Sales Tax Location Information

MICHIGAN

* Required Information

Provide all business locations (required if different from primary address)

Location Name		Loc	ation B	Segin Date
Location Address	:			
Address				
Apt or Suite				
City				
State	Select State	_	Zip	
Phone				

□ Additional Locations to Register

Back

Sales Tax Location Information

MINNESOTA

* Required Information

Provide all business locations (required if different from primary address)

Location Name					
Location Address	,				
Address					
Apt or Suite					
City					
State	Select State	Zip			
Phone					
s your business I	located on an India	an reserv	ation?		
f yes, name of In	ndian Reservation?	•			
ndian Reservation	Select reservatio	on 🔻			
Enter NAICS Code	e that best describe	es your p	orimary sourc	e of busines	is
NAICS Code 123	Look up yo	our NAIC	S code on U.S.	Census Bure	au's website

More Sales Tax Location question Next Page

Back Continue

Sales Tax Location Information

MINNESOTA

* Required Information

Please indicate which jurisdictions you need to report sales and use tax:					
lacksquare Cook county sales and use					
\square Hermantown sales and use					
☐ Mankato sales and use					
☐ Minneapolis sales and use					
☐ Downtown liquor☐ Lodging☐ Downtown restaurant					
☐ Entertainment					
□ New Ulm sales and use					
☐ Proctor sales and use					
Rochester sales and use					
☐ St. Cloud food and liquor					
☐ St. Cloud area tax					
\square St. Paul sales and use					
☐ St. Paul lodging > 50 rooms					
□ St. Paul lodging < 50 rooms					
☐ Two Harbors sales and use					
Additional Locations to Regist	ter				
	Back	Continue			

Sales Tax Location Information

MISSOURI

* Required Information							
Provide all busine	ess locations (r	equir	ed if c	differen	t from p	rimary	address)
Location Name							
Location Address	3						
Address							
Apt or Suite							
City							
State	Select State		Zip				
Phone							

More Sales Tax Location question Next Page

Back

Sales Tax Location Information

MISSOURI

* Required Information	
Are you located inside city limits? Yes No	anh.
Do you sell the following? Check all that ap	эргу:
\square Any type of alcoholic beverages	
Post-secondary educational textbooks	
□ Domestic utilities	
\square Aviation jet fuel	
Cigarettes or tobacco product	
Do you sell food items that exempt from st	tate sales tax?
Do you lease motor vehicles to Missouri cu	istomers that were purchased exempt?
☐ Yes ☐ No	
Are you liable for consumers use tax?	
☐ Yes ☐ No	
Additional Locations to Register	
Back	Continue

Sales Tax Location Information NORTH CAROLINA

* Required Information					
Provide all busine	ess locations (r	equired if	different from	primary address)	
Location Name					
Location Address	.				
Address					
Apt or Suite					
City					
State	Select State	Zip			
Phone					

☐ Additional Locations to Register

Back

Sales Tax Location Information

NORTH DAKOTA

* Required Information						
Provide all busine	ess locations (re	equired if	different fr	om prima	ry address)	
Location Name						
Location Address	S					
Address						
Apt or Suite						
City						
State	Select State	Zip				
Phone						

 $\ \square$ Additional Locations to Register

Back

Sales Tax Location Information SOUTH CAROLINA

* Required Information					
Provide all business locations (required if different from primary address)					
Location Name					
Location Address	5				
Address					
Apt or Suite					
City					
State	Select State	▼ Zip)		
Phone					

 $\ \square$ Additional Locations to Register

Back

Sales Tax Location Information SOUTH DAKOTA

* Required Information

Provide all business locations (required if different from primary address)

Location Name		Count	y Name (Required if in South Dakota)	Select county	•
Location Address	•				
Address					
Apt or Suite					
City					
State	Select State	Zip			
Phone					

□ Additional Locations to Register

Back

Sales Tax Location Information

TEXAS

/ ()	
* Required Inform	nation
* Provide all busi	ness locations (required if different from primary address)
* Location Name	* Location Begin Date
* Location Addre	ss
* Address	
Apt or Suite	
* City	
* State	Select State ▼ * Zip
* Phone	
*NAIC code of this	location
this location each Yes No Will you deliver	in your own vehicles, provide taxable services, and or have sales/service bing from this location to customers located in another city, county, or local
☐ Yes ☐ No	
* Will you ship fro	om this location to customers via common carrier?
☐ Yes ☐ No	
☐ Additional Loc	ations to Register

Continue

Back

Sales Tax Location InformationUTAH

* Required Information

Provide all business locations (required if different fron	n primary address)
riovide ali busillessi locationis (Tequiled if different from	i pi iiiiai y auui 633

Location Name		County	Name (Required if in Utah)	Select county	-
* Location Addre	:SS				
Address					
Apt or Suite					
City					
State	Select State	₹	р		
Phone					
Local governme	nt issuing busir	ness licen	se		

□ Additional Locations to Register

Back

Sales Tax Location Information

WASHINGTON

* Required Information

Provide all business locations (required if different from primary address)

Location Name			
Location Addres	s		
Address			
Apt or Suite			
City			
State	Select State	Zip	
Phone			

☐ Additional Locations to Register

Back

Sales Tax Location Information WISCONSIN

* Required Information

Provide all business locations (required if different from primary address)

Location Name			
Location Addres	s		
Address			
Apt or Suite			
City			
State	Select State	Zip	
Phone			

□ Additional Locations to Register

Back

Sales Tax Location Information WYOMING

* Required Information

Provide all business locations (required if different from primary address)

Location Name			
Location Addres	s		
Address			
Apt or Suite			
City			
State	Select State	Zip	
Phone			

□ Additional Locations to Register

Back

Traditional Registration Update End Location for an Existing account

* Required Information

* Location Name

Location Code

* Location Address

 * Address
 Apt or Suite
 * City
 * State
 Select State

* Zip

* Effective Date

☐ Additional Location to End

Back

Traditional Registration UpdateOut of Business

This information will be sent to all states

* Effective business end date

Back

Traditional Registration

Thank You

Please click main menu if you need to make additional updates to your account. Otherwise, click continue to end the registration process

Main Menu